OFFE.	ies · •	PART B	- FEE(S)	TRANSMITTAL			
Complete and send SEP 0 8 2006	this form, together wi	th applicable		P.O. Box 1450	7irginia 22313-1450		
INS This for appropriate. All further corindicated unless corrected	m should be used for trans respondence including the I	smitting the ISSU atent, advance ord in Block 1, by (a)	E FEE and I	PUBLICATION FEE (if	required). Blocks 1 through 5 ees will be mailed to the currer thress; and/or (b) indicating a se	should be completed where nt correspondence address as parate "FEE ADDRESS" for	
maintenance fee notification	E ADDRESS (Note: Use Block 1 for a			Note: A certifica	te of mailing can only be used	for domestic mailings of the	
	1	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for transmittal in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
ABELMAN, FRAYNE & SCHWAB Attorneys at Law 666 Third Avenue., 10 th Floor New York, NY 10017			(Denocitor's name)				
				Jan	Cinamon S. Conambr £8, 2006	(Signature)	
APPLICATION NO.	FILING DATE	11	FIRST NAME		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/771,909	02/03/2004 RANSDERMAL DRUG DE	LIVERY AND AN	Zohar A	TRACTION 01 FO	3/2006 EHAILE_{206,}42400004 ::2591 ::1594	700.00 OP 300.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	09/25/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
KENNEDY, SHARON E				604-020000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
TRANSPHARMA MEDICAL LITD. Yehud, Israel							
	e assignee category or catego	ries (will not be pr	inted on the p	atent):	Corporation or other private	group entity Government	
Issue Fee Publication Fee (No small entity discount permitted)				Deposit Account Number 01 = 0035 is enclosed. A check in the amount of the fee(s) is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01 = 0035 (enclose an extra copy of this form).			
☐ a Applicant claims S	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.	□ b. Applic	cant is no longer claiming	SMALL ENTITY status. See 37	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Iss Publication Fee (if required) ords of the United States Par	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if ard from anyon) Office.	ny) or to re-apply any pre e other than the applicant;	viously paid issue fee to the appl a registered attorney or agent; o	r the assignee or other party in	
Authorized Signature	Jay &. U	ramor	<u> </u>		September 8, 2006		
Typed or printed name Jay S, Canamon: Registration No. 24,156 This collection of information is required by 37 CFR 131. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process).							
This collection of informat an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	lity is governed by 35 U.S.C application form to the USP1 is for reducing this burden, segon 22313-1450. DO NOT	O. Time will vary hould be sent to th SEND FEES OR	depending use Chief Infon	pon the individual case. A nation Officer, U.S. Pater D FORMS TO THIS ADI	it by the public which is to file (te 12 minutes to complete, inclus thy comments on the amount of that and Trademark Office, U.S. D RESS. SEND TO: Commission the state of the second	time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450,	

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